## ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT – E Permanency Goal Approval

	Depa	artment of Hum	an Services	
Case Name:	Age		DOB:	
SWSS Log Number	Cou	Court File Number		
FC Worker	Aganay	FC Worker Telephone Number FC Worker Fax Number		
PC Worker	Agency	FC V	vorker releptione Number	FC Worker Fax Number
The permanency goal of Another documented by the following:  a. The youth is age 1 b. Every reasonable	16 or older.			e for the above named youth as ermanency goals listed below and
	e youth's case service rep	ports.	, ,	
Permanency (	Compelling Reason			
Reunification				
Adoption				
Guardianship				
Permanent placement with a f	it and willing relative			
APPLA				
c. The signed APP	LA – E agreements ar	e located in the	youth's case file.	
Foster Care Worker				Date
Foster Case Supervisor				Date
Child Placing Agency Director (if applicable)				Date
DHS Monitor (if applicable)				Date
Request for more information:				
Approved:				
County Director/County Child Welfare Director/District Manager				Date
Director of the Bureau of Child Welfar			Date	
Disapproved:				
County Director/County Child Welfare			Date	
Director of the Bureau of Child Welfar	re			Date

Fax from to 517-335-6177.

Return response requires 21 days. Signed approval forms will be returned as quickly as possible; forms with inaccurate or incomplete information, may delay the approval process.

## Return form to designated FC Worker.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.